Company Name (inc. Trading Name) Contact Name Email Address Phone Number

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Postal Address (of above Company)                             Account / Contract No.           Description of Load                                                                  Drivers Mobile

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Prime Mover Rego/s                                                                                                   Trailer/Dolly Rego/s

|  |  |
| --- | --- |
|  |  |

Total Vehicle Mass           Max Single Axle Load            9m Comb Axel Load               Length                    Width                       Travel height \*                Crossing height **^**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

**\* When in electrified areas, all aerials above cab height must be lowered. ^ Only complete “crossing height” section if the load can be lowered at any given crossing/s without damaging road/track**

Time & Date of Movement                                              Start Address (include street & town)                                        End Address (include street & town)

|  |  |  |
| --- | --- | --- |
|  |  |  |

Full Route ( just keep typing and the box will expand automatically)

|  |
| --- |
|  |

List all rail crossings (open level crossings OLC & bridges). State if our staff or an overhead isolation will be required in the “remarks” column (insert additional rows if insufficient space)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ID | Street / Road | Suburb / Town | Type | Approx Time & Date of Crossing | Remarks |
|  |  |  |  |  |  |
|  | <<< IF KNOWN >>> |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |